

EXHIBIT E

FEB.21.2002 10:49AM LEGAL/GEN. COUNSEL



NO.018 P.3

CLAIM OFFICE ADDRESS:

100 LIBERTY WAY

DOVER, NH 03820

CONTACT: STAFFORD, M

PHONE: 603-749-2600 EXT 2129

INSURED NAME:

USM CORPORATION

CLAIMANT NAME:

VARIOUS, (ADAMSBILLY)

ACCIDENT DATE:

05/03/1978

CHECK NUMBER:

50161889

ISSUE DATE:

02/12/200

CLAIM NUMBER:

P 033-131807-01

POLICY NUMBER:

LG1612004059215240

INSURED OPERATOR:

COV	SERVICE	ADJUST	PAID
TYPES	PROVIDER FROM - THRU	CODE	AMOUNT
PRBI	BLACK 01/30/2002		47565.60

PAYMENT SENT TO:
BLACK & DECKER CORP

SUB TOTAL 1 47565.60
DEDUCTIBLE 0.00
SUB TOTAL 2 47565.60
WITHHOLDING TAX 0.00
CHECK AMOUNT 47565.60

COVERAGE TYPES

PRBI: PRODUCTS/COMPLETED OP -BI

ADJUSTMENT CODE NOTES

EOP NOTES

DEFENSE COSTS THRU 1/30/2002 FOR ARKANSAS HEARING LOSS LITIGATION
MATTER.

NO-80161889

A CODE

28



DATE OF CHECK: 02/12/02
CLAIM NUMBER: P 033-131807-01

VOID IF NOT PRESENTED WITHIN 90 DAYS FROM ABOVE DATE

PAY TO THE ORDER OF:
BLACK & DECKER CORP
711 WESB JOHNS RE
BALTIMORE, MD 21146

AMOUNT: 47565.60

MAJORITY
TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000

SECURITY FEATURES
This check is subject to a 60-day limitation of
liability. For full terms and conditions, please
refer to the back of this check or visit our
website at www.libertymutual.com

NOT VALID IN EXCESS OF 47565.60

"80161889" 1011900445

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FEB.21.2002 10:52AM LEGAL/GEN: COUNSEL



NO.018 P.7

CLAIM OFFICE ADDRESS:

100 LIBERTY WAY
DOVER, NH 03820
CONTACT: O'NEIL, O
PHONE: 603-749-2600 EXT 2240

ACCIDENT DATE:
07/01/1978

CHECK NUMBER: 80161891
ISSUE DATE: 02/12/2001

CLAIM NUMBER:
P 033-138105-01

INSURED NAME:

BLACK & DECKER

POLICY NUMBER:
LG1131010406158240

CLAIMANT NAME:

SHADDOX, HENRY LEE

INSURED OPERATOR:

COV	SERVICE	ADJUST	PAID
TYPES	PROVIDER	FROM - THRU	CHARGE
OPBI	BLAC	01/30/2002	481831.88

PAYMENT SENT TO:
BLACK & DECKER (US) INC

SUB TOTAL 1 481831.88
DEDUCTIBLE 0.00
SUB TOTAL 2 481831.88
WITHHOLDING TAX 0.00
CHECK AMOUNT 481831.88

COVERAGE TYPES:

OPBI: OPERATIONS - BI

ADJUSTMENT CODE NOTES

EOP NOTES:

DEFENSE COSTS THRU 1/30/2002 FOR MISSISSIPPI HEARING LOSS LITIGATION MATTER.

AC 80161891



02/12/02 P 033-138105-01

80161891

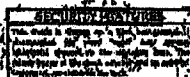
IF NOT PRESENTED WITHIN 90 DAYS FROM ABOVE DATE

PAY TO THE ORDER OF

BLACK & DECKER (US) INC
781 E WOPPA ROAD
TOWNSON MD 21286

Signature

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000



NOT VALID IN EXCESS OF 80161891.88

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FEB.21.2002 10:50AM LEGAL/GEN. COUNSEL

CLAIM OFFICE ADDRESS:

100 LIBERTY WAY
DOVER, NH 03820
CONTACT: RAMIREZ, N
PHONE: 603-749-2600 EXT 2133

INSURED NAME:

BLACK & DECKER MANUFACTURING C

CLAIMANT NAME:

ANDERSON, JESSE



NO.018 P.4

CHECK NUMBER: 80161888
ISSUE DATE: 02/12/2002

ACCIDENT DATE:
06/30/1979

CLAIM NUMBER:
P 033-650910-01

POLICY NUMBER:
LG1131010406158240

INSURED OPERATOR:

COV	SERVICE	ADJUST	PAID
TYPES	PROVIDER	FROM - THRU	CHARGE
PRBI	BLACK	01/30/2002	144204.00
			144204.00

PAYMENT SENT TO:
BLACK & DECKER CORP

SUB TOTAL 1 144204.00
DEDUCTIBLE 0.00
SUB TOTAL 2 144204.00
WITHHOLDING TAX 0.00
CHECK AMOUNT 144204.00

COVERAGE TYPES

PRBI: PRODUCTS/COMPLETED OP -BI

ADJUSTMENT CODE NOTES

EQP NOTES

DEFENSE COSTS THRU 1/30/2002 FOR THE MS HAND ARM VIBRATION LITIGATION MATTER.

NO-80161888

ISSUED 02/12/02

LIBERTY MUTUAL

PAID 144204.00

YOU MUST PRESENTED WITHIN 90 DAYS FROM ABOVE DATE

PAY TO THE ORDER OF

BLACK & DECKER CORP

11 EAST JONES RD

BALTIMORE, MD 21286

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000

NOT VALID IN EXCESS OF \$144,204.00

"80161888" "011900445"

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